
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ARONOWITZ et al.

Attorney Docket No.:
02-6037/ LSI1P218RECEIVED
CENTRAL FAX CENTER

Application No.: 10/698,169

Examiner: MAI, Anh D.

MAR 14 2005

Filed: October 31, 2003

Group: 2814

TITLE: MEMORY DEVICE HAVING AN
ELECTRON TRAPPING LAYER IN A HIGH-K
DIELECTRIC GATE STACK

Confirmation No.: 9839

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on March 14, 2005.

Signed: 

Sue Funchess

AMENDMENT ACommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner Mai:

This Amendment is in response to the Office Action dated January 3, 2005. It is respectfully requested that the above-referenced patent application be reconsidered in light of the amendments and comment included hereinbelow. Kindly amend the above-entitled application as set forth below:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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BEYER WEAVER & THOMAS, LLP

INTELLECTUAL PROPERTY LAW

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FACSIMILE COVER SHEET

March 14, 2005

Receiver: Anh D. Mai, Patent Examiner, Art Unit 2814

TEL #: (571) 272-1710

FAX #: (703) 872-9306

Sender: Francis T. Kalinski II, Esq.

Our Ref. No.: 02-6037/LSI1P218

Re: AMENDMENT A
U.S. Patent Application No. 10/698,169
File Date: October 31, 2003
Title: "Memory Device Having an Electron Trapping Layer in a High-K Dielectric Gate Stack"

Pages Including Cover Sheet(s): 9

MESSAGE:

CONFIDENTIALITY NOTE

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Signed: Sue Funchess

Sue Funchess

AMENDMENT A TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

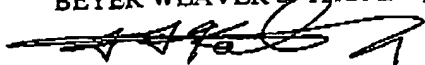
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	19	MINUS	20	0	x 25 =	x 50 = \$-0-
Independent Claims	3	MINUS	3	0	x 100 =	x 200 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 12-2252 (Order No. 02-6037).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 12-2252 (Order No. 02-6037).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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